

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001065

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **70**

1. PLACE OF DEATH

a. COUNTY

**Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

**Springfield**

Length of stay in 1b

**2 hours**

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

**St. John's Hospital**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

**Greene**

admission)

c. CITY OR TOWN

**Springfield,**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

**526 S. Scenic**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

**ARTHUR**

Middle

**RAY**

Last

**BREWER**

4. DATE OF DEATH

Month

Day

Year

**January 11, 1963**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**January 11, 1963**

9. AGE (last birthday)

**0**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

**0**

**0**

**2**

**0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO.

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Infant**

10b. KIND OF BUSINESS OR INDUSTRY

**Infant**

11. BIRTHPLACE (City and state or country)

**Springfield, Missouri**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**James H. Brewer**

13b. MOTHER'S MAIDEN NAME

**Judith Romines**

14. NAME OF HUSBAND OR WIFE

**Infant**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**None**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**James H. Brewer**

**Springfield, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Prematurity**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 11, 1963** to **Jan 11, 1963** and last saw her/him alive on **3 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Charles L. Palchett M.D.**

**Springfield, Mo.**

**1/26/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Jan. 12, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Payne**

23d. LOCATION (City, town, or county)

**Springfield, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Gorman-Scharpf Funeral Home, Inc.**  
**Springfield, Missouri**

25. DATE RECD. BY LOCAL REG.

**1-29-63**

26. REGISTRAR'S SIGNATURE

**Effie E. Meeten**

CHARLES L. PALCHETT, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

RECEIVED

Phett

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lewis G. Schopf

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit 1-11-63